

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <small>(Use as many sheets as necessary)</small>		<small>Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Complete if Known</td> </tr> <tr> <td style="width: 50%;">Application Number</td> <td>10/634,274</td> </tr> <tr> <td>Filing Date</td> <td>August 5, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Farrar, Paul</td> </tr> <tr> <td>Group Art Unit</td> <td>2823</td> </tr> <tr> <td>Examiner Name</td> <td>Kebede, Brook</td> </tr> </table>			Complete if Known		Application Number	10/634,274	Filing Date	August 5, 2003	First Named Inventor	Farrar, Paul	Group Art Unit	2823	Examiner Name	Kebede, Brook
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